

WORKFORCE SERVICES

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**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
INCLUDABLE FAMILY INCOME SELF ATTESTATION****ATTESTATION FOR ZERO INCOME**

I, _____, certify my family income (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children) was zero for the past (choose one):

☐ Six Months

☐ 12 Months

I have supported myself during this period of time as follows:

ATTESTATION OF INCOME PROVIDED

I, _____, certify that I have provided all proof of my family income (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children) for the past (choose one):

☐ Six Months

☐ 12 Months

Income sources that I provided to the Employment Specialist

(Refer to table and list below):

SCSEP Income	
<i>Includable</i> - counts toward eligibility	<i>Excludable</i> - must be mentioned; does not count towards eligibility
<ul style="list-style-type: none"> • Earnings • Benefits (75%) received under Title II of Social Security Act • Survivor benefits • Pension or retirement income • Interest income • Dividends • Rents, royalties, estates, trusts • Alimony, educational assistance, and other 	<ul style="list-style-type: none"> • Social Security Disability Insurance • Supplemental Security Income • Benefits (25%) received under Title II of Social Security Act • Payment made/one behalf of veterans/former armed forces • Public assistance, employment and training program income • Disability benefits • Workers comp • Tax refunds • All forms of child support

Participant Signature _____

Date: ____/____/____